

APPLICATION FOR MOTOR VEHICLE OPERATOR'S IDENTIFICATION CARD

(Ref. FSH 7109.19,C-60)

SECTION 1 - TO BE COMPLETED BY APPLICANT

INSTRUCTIONS: Answer all questions completely. Include your private, commercial and Government vehicle experience.**If answer to any item is "None", write "None". If necessary, use additional sheets.**

1. NAME

3. TITLE

4. NAME AND ADDRESS OF OFFICE BY WHICH EMPLOYED (Agency or Division)

5. SEX	6. DATE OF BIRTH	7. PLACE OF BIRTH	8. HEIGHT	9. WEIGHT	10. COLOR HAIR	11. COLOR EYES
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An applicant is required to have a license in the state where station is located or where he is currently domiciled.

12. NO. OF YOUR STATE DRIVER'S LICENSE

13. STATE IN WHICH ISSUED

14. DATE LICENSE EXPIRES

15. SHOW ANY RESTRICTIONS IMPOSED ON ANY DRIVER'S LICENSE YOU HELD DURING THE LAST FIVE YEARS (*Indicate if currently applicable.*)

16. DRIVING EXPERIENCE (Last 4 Years)

NO. OF MONTHS EXPERIENCE A	TYPES OF VEHICLES B	SIZE C	ESTIMATED YEARLY MILEAGE D	SPECIAL LICENSES OR TRAINING RECEIVED E

17. LIST OF ARRESTS OR SUMMONSES FOR VIOLATION OF MOTOR VEHICLE LAWS AND CONVICTIONS, IF ANY, DURING LAST FOUR YEARS. (*Excluding parking violations*)

DATE A	PLACE B	OFFENSE CHARGED WITH		WAS DRIVER'S LICENSE REVOKED OR SUSPENDED?	
		KIND C	DISPOSITION D	YES OR NO E	FOR HOW LONG F

18. MOTOR VEHICLE ACCIDENT RECORD (During the last 4 years)

DESCRIBE EACH ACCIDENT(*Show date, place, circumstances, and dollar value of damages incurred. State whether you were charged with any law violation and the disposition of such charges.*)

HAVE YOU EVER HAD OR HAVE YOU NOW (Place check in correct column at left of each item.)

YES

☐

NO

- ☐ POOR VISION IN ONE OR BOTH EYES
☐ EYE DISEASE
☐ POOR HEARING IN ONE OR BOTH EARS
☐ DIABETES
☐ PALPITATION, CHEST PAIN OR SHORTNESS OF BREATH
☐ DIZZINESS OR FAINTING SPELLS
☐ FREQUENT OR SEVERE HEADACHES
☐ HIGH OR LOW BLOOD PRESSURE
☐ DRUG OR NARCOTIC HABIT

YES

☐

NO

- ☐ ARTHRITIS, RHEUMATISM, SWOLLEN OR PAINFUL JOINTS
☐ LOSS OF HAND, ARM FOOT OR LEG
☐ DEFORMITY OF HAND, ARM, FOOT, OR LEG
☐ NERVOUS OR MENTAL TROUBLE OF ANY KIND
☐ BLACKOUTS OR EPILEPSY
☐ SUGAR OR ALBUMIN IN URINE
☐ EXCESSIVE DRINKING HABIT (ALCOHOL)
☐ OTHER SERIOUS DEFECTS OR DISEASE

IF YOU ANSWER "YES" TO ONE OR MORE OF THE ABOVE QUESTIONS, EXPLAIN FULLY IN THIS SPACE

A. DO YOU WEAR GLASSES?

YES ☐
NO ☐

B. DO YOU WEAR CONTACT LENSES?

YES ☐
NO ☐

C. DO YOU WEAR A HEARING AID?

YES ☐
NO ☐**I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.**

19. SIGNATURE OF APPLICANT

20. DATE

SECTION II - TO BE COMPLETED BY SUPERVISOR

21. APPLICATION IS FOR

☐ ORIGINAL☐ REVIEW☐ REPLACEMENT OF LOST

22. UPON BEING ISSUED, APPLICANT WILL BE ONE OF THE FOLLOWING:

DRIVER-OPERATOR - Any employee whose status regularly requires the operation of motor vehicles.

INCIDENTAL DRIVER-OPERATOR - Any employee in other than an operator's position who is required to operate a motor vehicle in order to properly carry out his assigned duties.

23. TYPES OF VEHICLES FOR WHICH PERMIT IS REQUESTED.

(if trucks, show gross vehicle weights)

24. I certify that the above individual is qualified to operate the equipment listed.

SIGNATURE OF SUPERVISOR

25. DATE

Supervisors are required to review drivers and operators every four years; new drivers and operators shall be reviewed within the first 30 days. Supervisors may remove operator's authorization to drive or operate at any time.**SECTION III - TO BE COMPLETED BY THE DRIVER/OPERATOR EXAMINER***(Not required for periodic review of qualifications)*

26. Applicant meets physical fitness requirements on the basis of:

YES

NO

a. Information furnished in Section I.

☐☐

b. Certificate of Medical Examination.

☐☐

27. Tests:

Date

a. Written to 9,999 GVWR:

Passed ☐Failed ☐Waived ☐

b. Written

Passed ☐Failed ☐Waived ☐

c. Written

Passed ☐Failed ☐Waived ☐

d.

Passed ☐Failed ☐Waived ☐

e.

Passed ☐Failed ☐Waived ☐

f. Driving

Passed ☐Failed ☐Waived ☐

28. Applicant is qualified to drive/operate the following vehicles with the restrictions listed below:

29. Restrictions:

30. Signature/Title/Date:

31. Additional Information/Comments: